United States Bankruptcy Court Eastern District of Michigan

In re	Roger L Esterwood		Case No	08-61078-swr
-		Debtor		
			Chapter	13

SUMMARY OF SCHEDULES - AMENDED

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amount of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	1	0.00		
B - Personal Property	Yes	6	56,396.38		
C - Property Claimed as Exempt	Yes	3			
D - Creditors Holding Secured Claims	Yes	1		0.00	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	1		0.00	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	4		174,933.12	
G - Executory Contracts and Unexpired Leases	Yes	1			
H - Codebtors	Yes	1			
I - Current Income of Individual Debtor(s)	Yes	2			4,353.70
J - Current Expenditures of Individual Debtor(s)	Yes	2			3,059.72
Total Number of Sheets of ALL Schedules		22			
	To	otal Assets	56,396.38		
		l	Total Liabilities	174,933.12	

United States Bankruptcy Court

Eastern District of	of Michigan			
Roger L Esterwood	(Case No	08-61078-swr	
D	ebtor	Chapter	13	
STATISTICAL SUMMARY OF CERTAIN LIA If you are an individual debtor whose debts are primarily consumer del a case under chapter 7, 11 or 13, you must report all information reque	ots, as defined in § 101(8) of		`	-
☐ Check this box if you are an individual debtor whose debts are report any information here.		bts. You are	e not required to	
This information is for statistical purposes only under 28 U.S.C. § Summarize the following types of liabilities, as reported in the Scho				
Type of Liability	Amount			
Domestic Support Obligations (from Schedule E)	0.00			
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	0.00			
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	0.00			
Student Loan Obligations (from Schedule F)	0.00			
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	0.00			
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	0.00			
TOTAL	0.00			
State the following:		_		
Average Income (from Schedule I, Line 16)	4,353.70			
Average Expenses (from Schedule J, Line 18)	3,059.72			
Current Monthly Income (from Form 22A Line 12; OR, Form 22B Line 11; OR, Form 22C Line 20)	8,565.85			
State the following:				
Total from Schedule D, "UNSECURED PORTION, IF ANY" column			0.00	
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column	0.00			
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column			0.00	
4. Total from Schedule F			174,933.12	

174,933.12

5. Total of non-priority unsecured debt (sum of 1, 3, and 4)

In re Roger L Esterwood

Case No.

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Debtor(s)

SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S) - AMENDED

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child. The average monthly income calculated on this form may differ from the current monthly income calculated on Form 22A, 22B, or 22C.

Debtor's Marital Status: DEPENDENTS OF I		DEBTOR AND SPOUSE			
0. 1	RELATIONSHIP(S):	AGE(S):			
Single	None.				
Employment:	DEBTOR	I	SPOUSE		
Occupation	Compensation Manager				
Name of Employer	Borders Group, Inc.				
How long employed	14 years				
Address of Employer	100 Phoenix Drive Ann Arbor, MI 48103				
	age or projected monthly income at time case filed)		DEBTOR		SPOUSE
	ry, and commissions (Prorate if not paid monthly)	\$	6,823.85	\$	0.00
2. Estimate monthly overtime		\$	0.00	\$	0.00
3. SUBTOTAL		\$	6,823.85	\$	0.00
4. LESS PAYROLL DEDUC	TIONS				
a. Payroll taxes and soc		\$	1,843.92	\$	0.00
b. Insurance		\$	155.30	\$	0.00
c. Union dues		\$	0.00	\$	0.00
d. Other (Specify)	See Detailed Income Attachment	\$ _	471.05	\$	0.00
5. SUBTOTAL OF PAYROL	L DEDUCTIONS	\$_	2,470.27	\$	0.00
6. TOTAL NET MONTHLY	TAKE HOME PAY	\$_	4,353.58	\$	0.00
7. Regular income from opera	ation of business or profession or farm (Attach detailed statement)	\$	0.00	\$	0.00
8. Income from real property		\$	0.00	\$	0.00
9. Interest and dividends		\$	0.12	\$	0.00
dependents listed above		of \$	0.00	\$	0.00
11. Social security or government (Specify):	ment assistance	\$	0.00	\$	0.00
/~F.24-7/		\$ -	0.00	\$ —	0.00
12. Pension or retirement inc	ome	\$	0.00	\$	0.00
13. Other monthly income		_		_	
(Specify):		\$_	0.00	\$_	0.00
		\$ _	0.00	\$ _	0.00
14. SUBTOTAL OF LINES	7 THROUGH 13	\$	0.12	\$_	0.00
15. AVERAGE MONTHLY	INCOME (Add amounts shown on lines 6 and 14)	\$_	4,353.70	\$_	0.00
16. COMBINED AVERAGE	MONTHLY INCOME: (Combine column totals from line 15)		\$	4,353	.70

(Report also on Summary of Schedules and, if applicable, on Statistical Summary of Certain Liabilities and Related Data)

17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document:

In re Roger L Esterwood

Debtor(s)

Case No. **08-61078-swr**

SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S) - AMENDED Detailed Income Attachment

Other Payroll Deductions:

Health Savings Account	\$ 90.26	\$ 0.00
401(k) Loan	\$ 369.96	\$ 0.00
Charitable Contribution	\$ 10.83	\$ 0.00
Total Other Payroll Deductions	\$ 471.05	\$ 0.00

In re Roger L Esterwood

Debtor(s)

08-61078-swr

Case No.

SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S) - AMENDED

Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor's family at time case filed. Prorate any payments made bi-weekly, quarterly, semi-annually, or annually to show monthly rate. The average monthly expenses calculated on this form may differ from the deductions from income allowed on Form 22A or 22C.

expenditures labeled "Spouse."	r deotor s spouse maintains a separate nouseno	id. Complete a separate	selledure of
1. Rent or home mortgage payment (include lo		\$	1,223.00
a. Are real estate taxes included?	Yes No _X		
b. Is property insurance included?	Yes No _ X _		
2. Utilities: a. Electricity and heating fue		\$	138.75
b. Water and sewer		\$	0.00
c. Telephone		\$	120.86
d. Other See Detailed Exp	ense Attachment		145.18
3. Home maintenance (repairs and upkeep)		\$	0.00
4. Food		\$	340.00
5. Clothing		\$	60.00
6. Laundry and dry cleaning		\$	5.00
7. Medical and dental expenses		\$	55.00
8. Transportation (not including car payments)		\$	665.33
9. Recreation, clubs and entertainment, newspa	pers, magazines, etc.	\$	100.00
10. Charitable contributions		\$	0.00
11. Insurance (not deducted from wages or incl	uded in home mortgage payments)		
a. Homeowner's or renter's		\$	17.92
b. Life		\$	24.18
c. Health		\$	0.00
d. Auto		\$	0.00
e. Other			0.00
12. Taxes (not deducted from wages or include	d in home mortgage payments)		
(Specify)		\$	0.00
13. Installment payments: (In chapter 11, 12, a	nd 13 cases, do not list payments to be included	d in the	
plan)	• •		
a. Auto		\$	0.00
b. Other		\$	0.00
c. Other		<u> </u>	0.00
14. Alimony, maintenance, and support paid to	others	\$	0.00
15. Payments for support of additional depende		\$	0.00
16. Regular expenses from operation of busine			0.00
17. Other See Detailed Expense Attachme		\$	164.50
<u> </u>			
18. AVERAGE MONTHLY EXPENSES (Tot if applicable, on the Statistical Summary of Ce		edules and, \$	3,059.72
19. Describe any increase or decrease in expen following the filing of this document:	ditures reasonably anticipated to occur within	the year	
20. STATEMENT OF MONTHLY NET INCO. a. Average monthly income from Line 15 of		\$	4,353.70
b. Average monthly expenses from Line 18 a		\$ 	3,059.72
c. Monthly net income (a. minus b.)		\$ 	1,293.98

In re Roger L Esterwood Case No. 08-61078-swr

Debtor(s)

SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S) - AMENDED Detailed Expense Attachment

Other Utility I	Expenditures:
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Cable	\$ 99.23
Internet	\$ 45.95
Total Other Utility Expenditures	\$ 145.18

Other Expenditures:

Work lunch and coffee	\$ 80.00
Hair cuts	\$ 45.00
Gym/Health Club	\$ 39.50
Total Other Expenditures	\$ 164.50

UNITED STATES BANKRUPTCY COURT Eastern District of Michigan

COVER SHEET FOR AMENDMENTS

CASE NAME:	Roger L Esterwood
CASE NUMBE	R: 08-61078-swr
	cuments amend the petition, schedule, statement of financial affairs, statement of income and expenses, ry of assets and liabilities.
The pur	pose of this amendment is to:
	Add creditors to schedule(s) How many? (Use second page of this form to list creditors added).
	\$26.00 Amendment Fee. This fee is required whenever you add creditors to a case, delete creditors, change the amount of a debt or change the classification of a debt. The fee is not required when correcting addresses of previously listed creditors. It is not required when new schedules are filed in a converted case.
	Correct the addresses of creditors already listed on the schedules and matrix previously filed. (Use second page of this form).
Ε	Other: (Provide detail of Amendment) Summary of Schedules/Statistical Summary, Schedule I to reflect lower income, Schedule J to reflect raise in rent
	Amend Schedules and list of creditors. Schedules must be verified by the debtor(s).
	Amend Matrix. Please do not send a matrix adding creditors to a case unless you also send the amended schedules. Do not send a new matrix to correct an address. Use the second page of this form. Pursuant to L.B.R. 1007-2 & 1009-1 an amendment to a matrix filed by a debtor without an attorney must have a complete paper copy attached to this form. Electronic filers must upload creditors to the ECF system.
	LBR 1009-1(b) requires the debtor to serve a copy of the amendment and the cover sheet for amendments on the trustee and all other entities affected by the amendment.

CORRECTIONS AND ADDITIONS TO MAILING MATRIX

Use this section of the form to make corrections to the names and address of any creditors or parties in interest who are listed on the current matrix of the case.

NAME OF CREDITOR (As it now appears):		
	(Please print)	
Previous address:	Please change to:	
NAME OF CREDITOR (As it now appears):	(DI	
Previous address:	(Please print) Please change to:	
NAME OF CREDITOR (As it now appears):		
	(Please print)	
Previous address:	Please change to:	
Use this section of the form to IDENTIFY creditors a	dded to the schedules and matrix.	
NAME OF CREDITOR (As it now appears):		
	(Please print)	
Address		
NAME OF CREDITOR (As it now appears):		
Address	(Please print)	
11441055		
FOR ADDITIONAL CHANGI	ES COPY THIS SHEET AND CONTINUE	
	Signature: /s/Guy T. Conti	

Guy T. Conti 03673-2005 (NJ) P68889 (MI)

Name of Attorney 302 N. Huron Street Ypsilanti, MI 48197 734-272-4771

gconti@contilegal.com

I/We do hereby affirm under penalty of perjury that I/we have read the foregoing form, *Cover Sheet for Amendments*, and all pleadings and attachments thereto, and do hereby affirm that the information contained herein is true and accurate to the best of my knowledge, information and belief.

Signature:	/s/Roger L. Esterwood
	Roger L Esterwood
	Name of Debtor
Signature:	
	Name of Joint Debtor, if applicable